

Annual Summary of Reportable Diseases

Columbus, Ohio
2002-2003

Prepared by
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And
The Communicable Disease Prevention Program

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1. Introduction

Communicable diseases (also known as infectious diseases) are caused by microorganisms, such as bacteria and viruses. A person can contract a communicable disease from an infected person, an infected animal, and/or another infected source, such as water or food. The Columbus Health Department (CHD) keeps track of the number of persons infected by different communicable diseases throughout the year. CHD also conducts follow-up investigations on all reported diseases collecting information demographic and clinical characteristics, as well as exposure to potential sources of disease. By collecting this data, CHD staff is able to determine potential sources of disease, quickly implement control measures, detect trends and outbreaks, and create targeted policies and programs to maintain the health of the community.

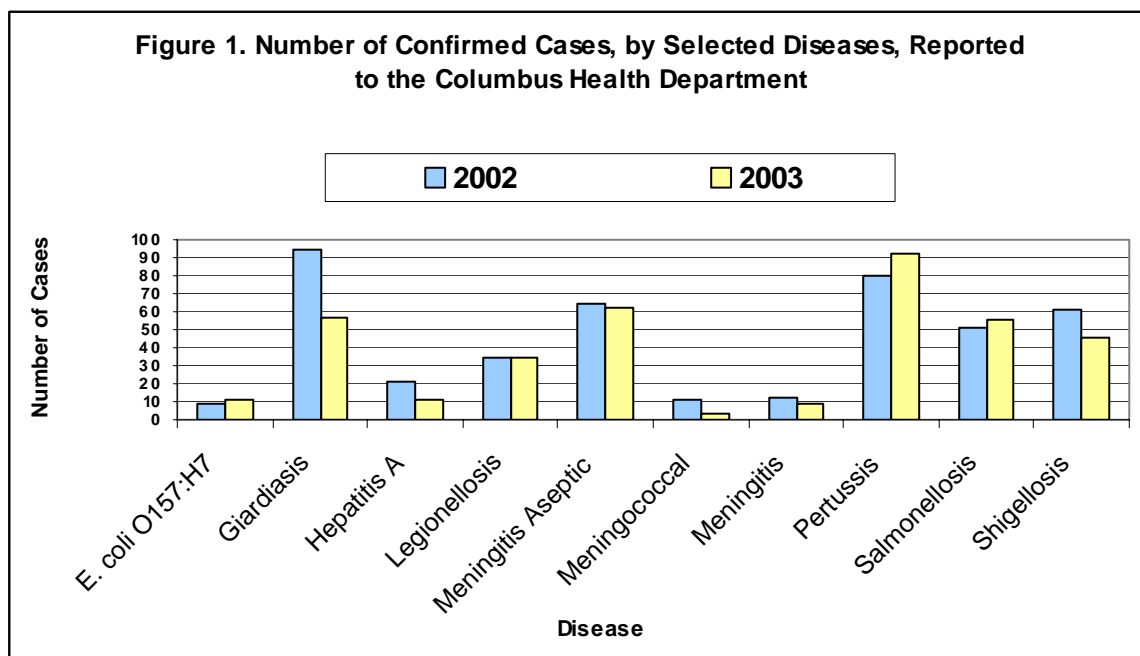
This summary represents the 2002 and 2003 communicable disease data required by Ohio law to be reported to state and local public health agencies. Only selected communicable diseases determined to be of public health significance are reportable, therefore the data presented here do not represent all cases of communicable diseases in Columbus. Additionally, the data represent only confirmed cases of diseases and is provisional. Despite some of the limitations, the data presented here provides a reasonable portrayal of Columbus communicable disease rates.

1.1 Key findings for 2002-2003.

Communicable Diseases: Rates and Trends.

- In 2002, a total of 1,359 cases of communicable disease were reported in Columbus. The most frequently reported diseases, together representing nearly 50% of the total, include hepatitis B and hepatitis C.
- In 2003 a total of 1,659 cases of communicable disease were reported in Columbus. The most frequently reported disease were hepatitis B (230) and hepatitis C (850).

Columbus' rate of communicable disease in 2003 was 306.0 cases per 100,000 people and 124.6 cases per 100,00 people for 2002 respectively. The graph below indicates some of the most frequently reported diseases for 2002 and 2003.



Communicable Disease Rates and Frequencies:

The table below provides the frequencies and case rates for each communicable disease reported in Columbus and Franklin Combined.

NR= Not reportable, NA = Not available	2003				2002			
	Columbus		Cols & Frank		Columbus		Cols & Frank	
	# of Cases	Case Rate*	# of Cases	Case Rate	# of Cases	Case Rate	# of Cases	Case Rate
HIV/AIDS*	NA	NA	NA	NA	NA	NA	NA	NA
Amebiasis	5	0.7	5	0.5	5	0.7	6	0.6
Anthrax	0	0.0	0	0.0	0	0.0	0	0.0
Botulism (foodborne)	0	0.0	0	0.0	0	0.0	0	0.0
Botulism (infant)	0	0.0	0	0.0	0	0.0	0	0.0
Brucellosis	0	0.0	0	0.0	0	0.0	0	0.0
Campylobacter	58	8.0	90	8.3	73	10.1	117	10.8
Chancroid	NA	NA	0	0.0	NA	NA	0	0.0
Cholera	0	0.0	0	0.0	0	0.0	0	0.0
Chlamydia*	NA	NA	4,732	434.5	NA	NA	6,048	556.5
Cryptosporidiosis	27	3.7	46	4.2	10	1.4	14	1.3
Cyclosporiasis	0	0.0	0	0.0	0	0.0	0	0.0
Dengue	0	0.0	0	0.0	0	0.0	1	0.1
Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0
E. coli O157:H7	11	1.5	21	1.9	9	1.2	14	1.3
E. coli Unspecified	0	0.0	1	0.1	0	0.0	0	0.0
Encephalitis, (Vector Born)	1	0.1	1	0.1	0	0.0	0	0.0
Encephalitis, West Nile	0	0.0	1	0.1	2	0.3	4	0.4
Giardiasis	57	7.9	81	7.4	94	13.0	138	12.7
Gonorrhea*	NA	NA	2,902	266.5	NA	NA	3,233	297.5
Haemophilus influenzae-Type B	2	0.3	2	0.2	3	0.4	0	0.0
Hantavirus	0	0.0	0	0.0	0	0.0	0	0.0
Hemolytic uremic syndrome	0	0.0	0	0.0	0	0.0	0	0.0
Hepatitis A	11	1.5	17	1.6	21	2.9	22	2.0
Hepatitis B (acute, chronic, undetermined)*	230	31.7	272	25.0	376	51.8	449	41.3
Hepatitis C (acute, chronic, undetermined)*	850	117.2	991	91.0	283	39.0	343	31.6
Legionellosis	35	4.8	49	4.5	34	4.7	41	3.8
Leprosy	0	0.0	0	0.0	0	0.0	0	0.0
Leptospirosis	0	0.0	0	0.0	0	0.0	0	0.0
Listeriosis	1	0.1	1	0.1	3	0.4	3	0.3
Lyme disease	1	0.1	3	0.3	2	0.3	6	0.6
Malaria	2	0.3	3	0.3	11	1.5	11	1.0
Measles	0	0.0	3	0.3	0	0.0	0	0.0
Meningitis Aseptic (viral)	62	8.5	87	8.0	65	9.0	86	7.9
Meningococcal disease (<i>N. meningitidis</i>)	3	0.4	4	0.4	11	1.5	15	1.4
Meningitis (bacterial)	9	1.2	11	1.0	12	1.7	12	1.1
Kawasaki Disease	0	0.0	0	0.0	0	0.0	0	0.0
Mumps	0	0.0	0	0.0	0	0.0	0	0.0
Pertussis	92	12.7	154	14.1	80	11.0	121	11.1
Plague	0	0.0	0	0.0	0	0.0	0	0.0
Polio	0	0.0	0	0.0	0	0.0	0	0.0

*Please see notes for explanation

NR= Not reportable, NA = Not available	2003				2002			
	Columbus		Cols & Frank		Columbus		Cols & Frank	
	# of Cases	Case Rate*	# of Cases	Case Rate*	# of Cases	Case Rate*	# of Cases	Case Rate*
Disease Name								
Psittacosis	0	0.0	0	0.0	0	0.0	0	0.0
Rocky Mountain Spotted Fever (RMSF)	0	0.0	0	0.0	0	0.0	0	0.0
Rubella (congenital)	0	0.0	0	0.0	0	0.0	0	0.0
Salmonellosis	56	7.7	93	8.5	51	7.0	90	8.3
Severe Acute Respiratory Syndrome (SARS)	NA	NA	NA	NA	0	0.0	0	0.0
Shigellosis	46	6.3	62	5.7	61	8.4	71	6.5
Smallpox	0	0.0	0	0.0	0	0.0	0	0.0
Streptococcus pneumoniae invasive	62	8.5	83	7.6	109	15.0	136	12.5
Streptococcal disease-group A Invasive	21	2.9	31	2.8	20	2.8	25	2.3
Streptococcal disease-group B (prenatal)	12	1.7	14	1.3	21	2.9	22	2.0
Syphilis*	NA	NA	244	22.4	NA	NA	203	18.7
Tetanus	1	0.1	1	0.1	0	0.0	0	0.0
Tuberculosis (TB)*	0	0.0	61	5.6	0	0.0	59	5.4
Tularemia	0	0.0	0	0.0	0	0.0	0	0.0
Typhoid Fever	0	0.0	1	0.1	0	0.0	0	0.0
Vibriosis	0	0.0	0	0.0	0	0.0	0	0.0
Yellow fever	0	0.0	0	0.0	0	0.0	0	0.0
Yersiniosis	4	0.6	9	0.8	3	0.4	7	0.6

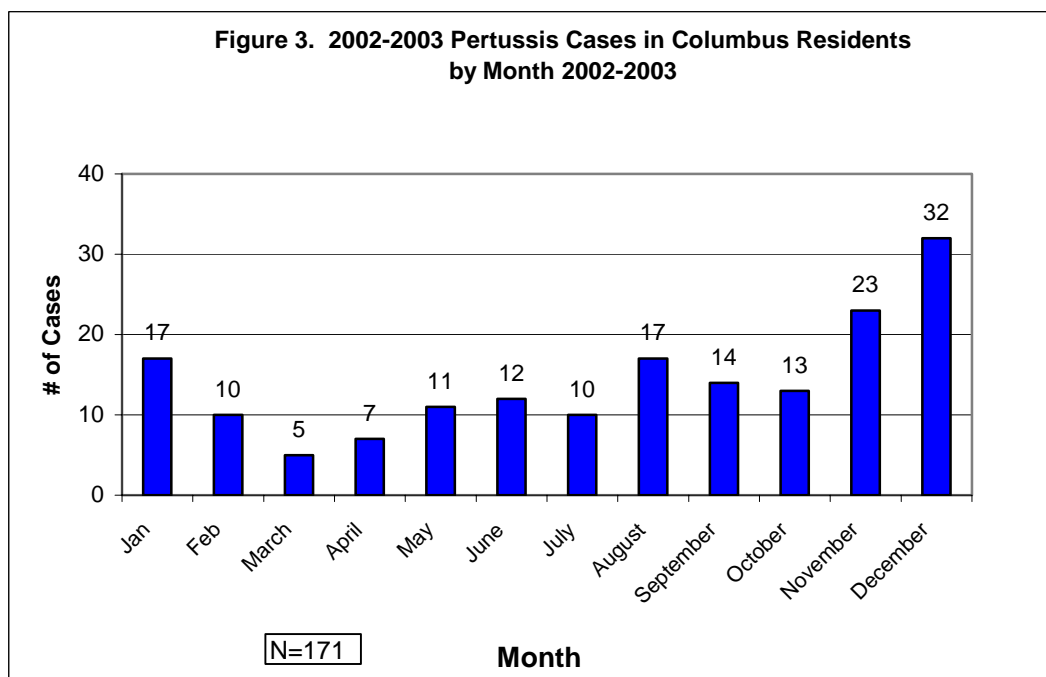
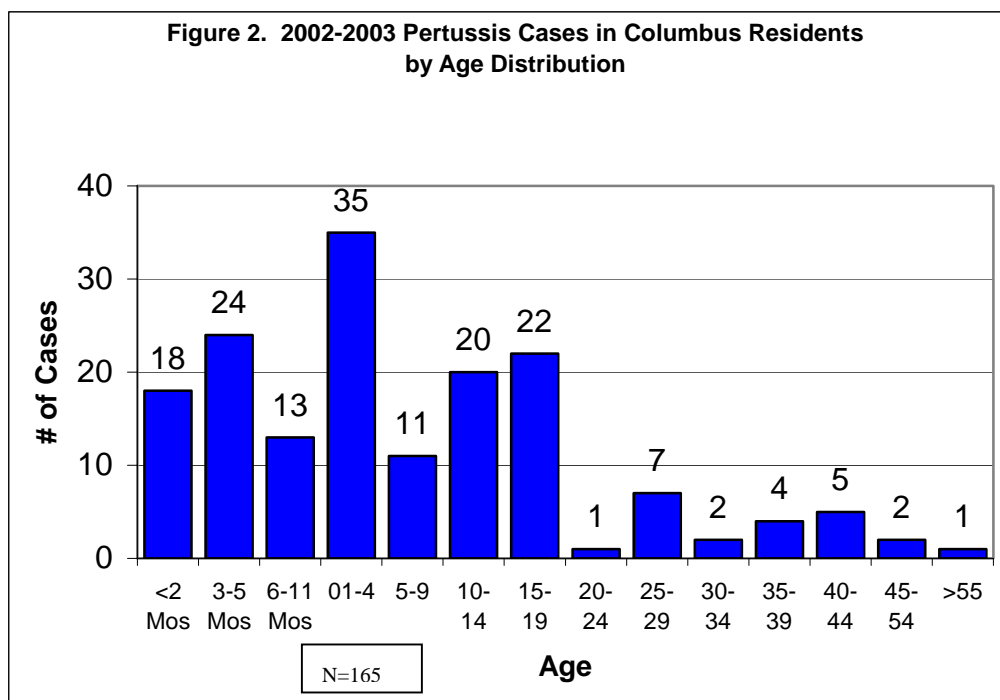
*Please see notes for explanation

2. Selected Class A Diseases

Pertussis:

Pertussis (whooping cough) is an acute bacterial disease caused by *Bordetella pertussis*. Pertussis illness can last 1-2 months. In infants, symptoms may be limited to lethargy and cough with episodes of apnea and cyanosis. Adolescents, adults, and partially immunized children may have atypical or less severe symptoms. Unrecognized pertussis among adults results in transmission to susceptible children. Complications include pneumonia, hypoxia, encephalopathy, seizures, and otitis media. Infants, especially those under 6 months, are at greater risk of complications.

Between 2002 and 2003 there were 172 cases of pertussis reported in Columbus. Fifty-five (33.3%) of the cases were less than one year of age, thirty five (21.2%) were between 1 and 4 years of age, eleven (6.7%) were between 5 and 9 years of age, forty two (25.5%) ranged from 10-19 years of age. The remaining 22 cases (13.3%) were 20 years of age and older. Eighty-three (48.5%) were female and eighty-six (50.3%) were male. There were no deaths due to pertussis in 2002 and 2003. The 2003 annual pertussis incidence per 100,000 persons for Columbus was 12.7 while in 2002 it was 11.

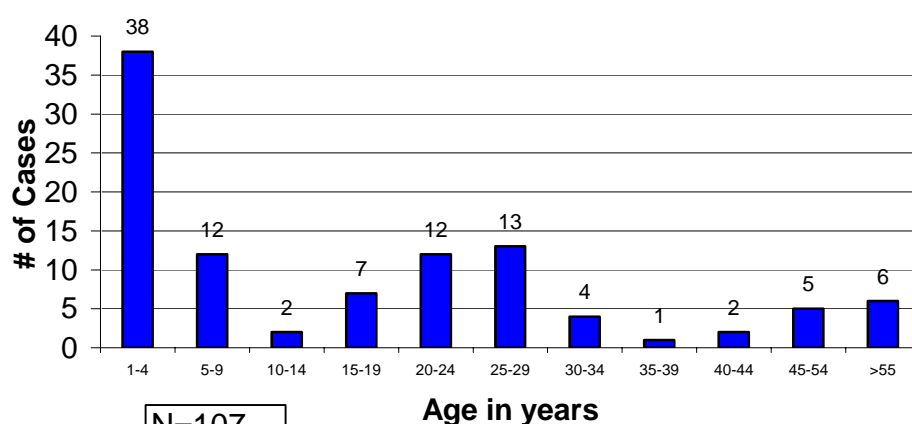


Shigellosis:

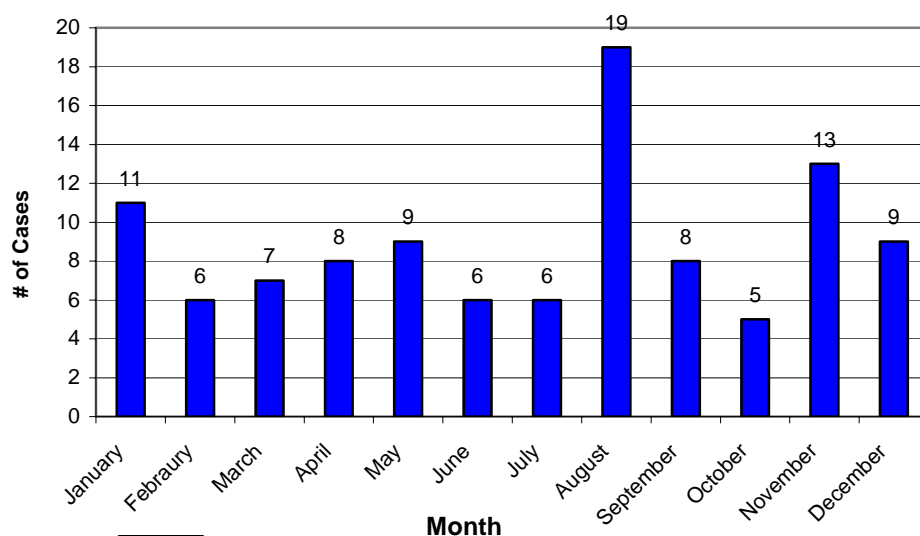
Shigellosis is an acute bacterial disease of the colon and small intestine. The typical illness is characterized by dysentery –frequent small bowel movements accompanied by blood, mucus, and pus –with high fever and malaise, headache, and abdominal pain. Illness may last several days to weeks, averaging 4-7 days. Young children may have serious complications. Mild or asymptomatic infections occur but carrier states are uncommon. Fecal-oral transmission may be person-to-person, or involve contaminated food and beverages.

During 2002 and 2003, 107 cases of Shigellosis were reported to the Columbus Health Department. Of the 107 cases reported, 38 (35.5%) were between the ages of 1 and 4, and 12 (11%) were between 5 and 9.

**Figure 4. 2002-2003 Shigellosis Cases in Columbus Residents
by Age Distribution**



**Figure 5. 2002-2003 Shigellosis Cases in Columbus Residents
by Month**



3. Definitions and Methodology

The Ohio Administrative Code 370-3-02, 3701-5-05, and 3701-3-12 requires by law that communicable diseases be reported to local health departments. Reporting diseases are grouped by class and all the diseases reported in this summary are class A and which is defined by:

- 1) Disease of major public health concern because of the severity of disease or potential for epidemic spread. Report by telephone immediately upon recognition that the case, suspected case, or positive laboratory result exists.
- 2) Diseases of public health concern needing timely response because of potential for epidemic spread. Report by the end of next business day upon existence of a case, suspected case, or positive laboratory result.
- 3) Diseases of significant public health concern. Report by the close of each working week upon existence of a case, suspected case, or positive laboratory result.

Case criteria and definitions:

Cases definitions are determined by the Council of State and Territorial Epidemiologists (CSTE) in conjunction with the CDC and are published in the MMWR [1997; 46(RR-10)]. Cases are grouped into the following categories:

- Suspected case: a case for which a reportable condition is being considered in the differential diagnosis, but for which confirmatory laboratory testing has not yet been completed
- Confirmed case: a case that is classified as "confirmed" for reporting purposes
- Probable case: a case that is classified as "probable" for reporting purposes

For a complete list of reportable diseases in Ohio, please visit <http://www.odh.state.oh.us>

Notes on specific diseases:

- Hepatitis B numbers (chronic, acute, or undetermined) are combined due to a change in reporting rules.
- Hepatitis C numbers (chronic, acute, or undetermined) are combined due to a change in reporting rules.
- STDs, and TB data are from separate ODH sources. The total cases are only available for Franklin County and Columbus combined. Syphilis numbers include primary and secondary and all other.
- HIV/AIDS data were not available during the compilation of this summary

Diseases not included in the table:

There were no known cases in Columbus of the following Class A reportable diseases in the last two years: creutzfeldt-jakob disease, cytomegalovirus, ehrlichiosis, granuloma inguinale, hepatitis D, hepatitis E, herpes (congenital), lymphogranuloma venereum, mycobacterial disease (other than TB), pelvic inflammatory disease (PID), reye syndrome, rheumatic fever, Q fever, streptococcal toxic shock syndrome (STSS), toxic shock syndrome (TSS), toxoplasmosis, trichinosis, varicella (death only).

Notes on reporting systems:

Data are from the Ohio Department of Health and the Communicable Disease Reporting system, (a joint effort between Columbus Health Department and Franklin County Board of Health). Cases of sexually transmitted diseases, tuberculosis, AIDS, and HIV have separate reporting systems and are considered separately. The numbers in this summary do not necessarily reflect City or County numbers reported to the ODH-ODRS system. Cases may have been either excluded due to the reporting time, onset date, or when the supplemental information was received.

The 2002 and 2003 population estimates used in rate calculations were obtained from the United States Census Bureau.

References

Centers for Disease Control and Prevention. *Summary of Notifiable Diseases*:

<http://www.cdc.gov/epo/dphsi/annsum/index.htm>

<http://www.cdc.gov/ncidod/diseases/>

The Ohio Department of Health. *Health Resources*

<http://www.odh.state.oh.us/Resources/resmain.htm>